

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134
 County Registrar No. 763
 Local Registrar No. _____

No. 4134-C Smelter St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Angel Simental { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth August 2, 1916
 Month Day Year

8. FATHER
 Full name Disto Simental
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 28 (Years)

14. MOTHER
 Full maiden name Regenia Gonzales
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) _____
 (State or country) Texas
 13. Occupation Machine man
 Nature of industry Road Construction

18. Birthplace (city or place) _____
 (State or country) Texas
 19. Occupation _____
 Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 1
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:10 A. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Aug 10, 1916 Local Registrar.
 Registrar _____ County Registrar.

123-802-972